MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

EMPLOYEE:			
A. Questions to help determine whether an employee has a disability.			
A person has a disability under the ADA if the person has an impairment that substantially limits one or more major life activities. The following questions may help determine whether an employee has a disability:			
Does the employee have a physical or mental impairment?	Yes □	No □	
What is the impairment?			
Is the impairment long-term or permanent?	Yes □	No □	
If <i>not</i> permanent, how long will the impairment likely last?			
Does the impairment affect a major life activity?	Yes □	No □	
If yes, what major life activity(s) is/are affected?			
□ Caring For Self □ Walking □ Hearing □ Interacting With □ Standing □ Seeing ○ Others □ Reaching □ Speaking □ Performing □ Thinking □ Learning Manual □ Toileting □ Sitting Tasks □ Breathing □ Working	☐ Lifting ☐ Sleeping ☐ Concentrating ☐ Reproduction		
Is the employee substantially limited in one or more of these major life activities?	Yes □	No □	
B. Questions to help determine whether an accommodation is needed.			
An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability: What limitation(s) is interfering with job performance?			
What job function(s) is the employee having trouble performing because of the limitation(s)? FIOW TOOES the 2017 ployee's limitation(s) interfere with his/her ability to perform the job function(s)?			
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C. Questions to help determine effective accommodation options.		
If an employee has a disability and needs an accommodation because of employer must provide a reasonable accommodation, unless the accommodation. The following questions may help determine effective accommodation.	odation poses an undue	
Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?		
How would your suggestions improve the employee's job performance?		
D. Comments.		
Medical Professional's Signature	Date	
Form OFP – 202 (June 2012)		